



TOWN OF HAYSI
P O BOX 278
HAYSI, VA. 24256
PHONE: (276) 865-5187 FAX: (276) 865-9808
EMAIL: BOWENSTOWNOFHAYSI@DCWIN.ORG

BUSINESS LICENSE APPLICATION

NAME OF BUSINESS: _____

OWNER OF BUSINESS: _____

BUSINESS TELEPHONE: _____

BUSINESS EMAIL &/OR WEBSITE: _____

EMERGENCY TELEPHONE#/NAME: _____

911 STREET LOCATION: _____

MAILING ADDRESS: _____

City State Zip Code

FEDERAL ID#: _____

PRIMARY BUSINESS PURPOSE/FUNCTION: _____

COMPUTATION OF LICENSE TAX:

2009 Gross Receipts of
Sales & Commissions

\$_____ () Actual
() Estimated

(Based on Gross Receipts not Net!!)

-Less Sales Tax \$/or Gas Tax

\$(_____)

-Less Lottery Sales

\$(_____)

Taxable Receipts

\$_____

Applicable Rate

X _____

Refer to chart on page 2

2009 Business License Tax

\$_____

License Fee

\$_____ \$30.00

If paid after March 1st, add

\$_____ 10% Penalty of the Tax

TOTAL AMOUNT DUE

\$_____

I do certify that the above information is true and correct to the best of my knowledge. I understand that an intentional misrepresentation of the above information is a misdemeanor and punishable as such.

SIGNATURE

TITLE

DATE

TOWN LICENSE TAX RATES

Professional	\$.30 per \$100 of gross receipts
Personal Services	\$.20 per \$100 of gross receipts
Retail Merchant	\$.20 per \$100 of gross receipts
Contractor	\$.16 per \$100 of gross receipts
Repair Services	\$.20 per \$100 of gross receipts
Wholesale Merchant	\$.05 per \$100 of gross receipts
Peddler	\$500 Flat Fee
Itinerant Merchant	\$500 Flat Fee

GENERAL INFORMATION

1. **LICENSE FEE:** A fee for the issuance of such license as specified in Code of Virginia, 58.1-3712, 58.1-3712.1 and 58.1-3713
2. **BPOL GUIDELINES:** The revised BPOL Guidelines issued by the Virginia Department of Taxation may be obtained by contacting the Department of Taxation at (804) 440-2541.
3. **FAILURE TO OBTAIN A LICENSE:** is punishable by a ten percent penalty of imposed tax, and interest (charged at the same rate as charged under Code of Virginia 58.1-3916) on the late payment.
4. **SIGNATURE:** License applications must be signed to be valid. Your signature indicated you are aware of all applicable obligations associated with this license.
5. **BUSINESS CHANGES:** Please notify us of any changes in a name, address or classification on this application.
6. **ERRORS & OMISSIONS:** Should any information contained in this package differ from existing Town Ordinances, the Ordinances as enacted by Haysi Town Council shall prevail.

TOWN OF HAYSI

Due Date Calendar

- March 1st. Business License Renewal
- March 1st. Workers' Compensation Certification
- June 1st. Bank Franchise Tax
- 15th. of every month Consumer Utility Taxes (due the month following collection)
- 15th. of every month Meal Tax (due the month following collection)

THE INFORMATION PROVIDED IS TRUE AND COMPLETE.
I UNDERSTAND MY OBLIGATIONS FOR THIS LICENSE.

SIGNED: _____

Make check payable to Town of Haysi
P.O. Box 278
Haysi, Virginia 24256